

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538017

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9	1					
10		1				
11		1				
12		2				
13		(1)				
14		(1)				
15		(1)				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	35					
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						